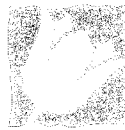


Bozeman Birth Center

To show support for HB390 Provide for Licensure of Outpatient Birth Centers, please sign below.

Be sure to include your name and address on the line provided.

1. Brooke Clayton 53 Park Plazard. Bozeman MT 59715
2. Dixie Menkhous 3163 Lily Dr. Bozeman MT 59718
3. Brian Menkhous 3163 Lily Dr. Bozeman MT 59718
4. Crystal Lubinski 1645 Kentucky Ave. Dillon, MT. 59725
5. Bill Stubb 417 W Hayes Bozo 59715
6. Sarah Albert 1102 Wyoming St Belgrade, MT 59714
7. Katie Jones 2850 Bear Canyon Rd Bozeman 59715
8. Kate Chapman 221 North Broadway Bozeman MT 59715
9. Stephanie Beard 72 Palomino Ct Belgrade, MT 59714
10. Jennifer Wacker 216 Meadowlark Dr. Bozeman MT 59718
11. Deanne Tracy 410 N. 4th Ave Bozeman, MT 59715
12. Dana Fejes 522 North H Street, Livingston MT 59047
13. Misi Blank 403A Jefferson Belgrade MT 59714
14. KR Mitchell 705 S. Tracy Ave Bozeman MT 59715
15. Michelle 420 S. Tracy Ave Bozeman MT 59715
16. Michelle 420 S. Tracy Ave. Bozeman, MT 59715
17. Don Barnes 228 S. 5th St. Manhattan, MT 59741



Bozeman Birth Center

To show support for HB390 Provide for Licensure of Outpatient Birth Centers, please sign below.

Be sure to include your name and address on the line provided.

1. Lisa Mitchell 302 S. Wilson Ave Boz. 59715
2. Greg Owens 302 S. Wilson Ave Bozeman, MT 59715
3. Meredith Witsie 7103 Bristol Lane, Bozeman, MT 59715
4. Dorothy Noreika 501 N. Weaver St. Belgrade MT 59714
5. Cynthia Jordan Delaney 1621 W College St. #32, Bozeman, MT 59715
6. Kevin J. Delaney 1621 W. College St. #32, Bozeman, MT 59715
7. Christina Rodriguez 118 S. 15th #4 Bozeman, MT 59715
8. Cynthia Newman 118 S. 15th #4 Bozeman MT 59715
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____

MONTANA STATE LAW / CERTIFIED NURSE-MIDWIFE

Scope of Practice – By nursing regulation nurse-midwifery practice is the independent management of care of essentially normal newborns and women, antepartally, intrapartally and/or gynecologically. This occurs within the health care system which provides for medical consultation/ collaborative management/ and referral and is in accordance with the Function, Standards and Qualifications for nurse-midwifery practice as defined by the governing body the American College of Nurse-Midwives.

Licensing – Montana Certified Nurse-Midwives are licensed and regulated by the Montana Board of Nursing as a category of Advanced Practice Registered Nurses (APRN).

Training – Certified Nurse-Midwives complete post basic professional nursing education programs in an APRN area. The board qualifying body for Certified Nurse-Midwives in Montana is the American College of Nurse-Midwives. The certification by this certifying body is good in all 50 U.S. states and U.S. territories.

Supervision/Collaboration/Referral – Certified Nurse-Midwives work within the health care system that allows access for consultation/ collaborative management and referral.

Licensure renewal and Continuing Education – Nurse-midwives are required to renew license every 2 years with sufficient hours to maintain national certification standards and pharmacological continuing education for APRN prescriptive authority.

Prescriptive Authority – Yes - APRN granted authority by Montana Board of Nursing to prescribe and dispense drugs pursuant to state and federal laws.

Third Party Insurance Reimbursement – Yes

Transport Face Sheet

Client Information

Name _____ Address _____
Phone _____ Partner _____
SSI# _____ Allergies _____
DOB _____ Age _____ G _____ P _____

Labor History

Onset of Active Labor: _____ Date _____ Time _____ Eff. _____ FHR _____
Exam Prior to Transport: _____ Dil. _____ Status of membranes _____
Time spent pushing _____
Reason for Transport: _____

Prenatal History

LMP _____ EDC _____ Blood Type _____ GBS _____
Labs/History of Note _____

Newborn

DOB _____ Time _____ Apgars _____
Reason for Transport: _____

Transport

By Car/Ambulance _____ Date/Time Ambulance Called _____
Hospital Contact _____ Date/Time _____ Person Contacted _____
Doctor on Call _____ Staff Requested _____

Midwife _____

Phone # _____

TRANSPORT PROTOCOL LIVINGSTON MEMORIAL HOSPITAL

1. Telephone Livingston Health Care - 222-3541-
Request Labor and Delivery Nurse
2. Write down Time/ Name of Nurse/ and Doctor Name on
Transport Face Sheet (TFS) or other document if TFS
not available.
3. Briefly describe your transport situation/ exact type
of service needed/ and level of emergency (for example:
fetal heart rate decelerations with pushing almost ready
to deliver would require an OB and a Pediatrician)
4. Give approximate Time of Arrival (ETA) and take into
account the time to get woman and her family into a
vehicle/ weather/ and drive time to hospital facility.
5. **SPEAK CLEARLY * ANSWER ALL QUESTIONS * BE CALM!**
6. Keep all pertinent medical records with client.

TRANSPORT PROTOCOL BOZEMAN DEACONESS HOSPITAL

1. Telephone Labor and Delivery Department: 585-1009 or
Emergency Room Department 585-1000
2. Write down Time/ Name of Person Contacted/ Doctor
and Type of Staff requested on Transport Face Sheet
or other chart document if TFS not available.
3. Calmly and briefly describe your transport situation/ type
of service needed/ and level of emergency (for example:
prolapse cord is severe life threatening emergency which
requires ambulance transport and immediate surgical
intervention once arrive at hospital)
4. Give approximate Time of Arrival (ETA) take into account
time to get woman and her family into a vehicle/ weather
and drive time to medical facility.
5. SPEAK CLEARLY * ANSWER ALL QUESTIONS * BE CALM!
6. Keep all pertinent medical records with client.

TRANSPORT PROTOCOL
St. VINCENTS HOSPITAL/ DR. DAVID JACKSON

1. Telephone 1-888-332-8632 ask for Dr. David Jackson
2. Briefly and calmly describe your transport situation and follow his exact instructions.
3. Fill out Request for Maternal-Fetal Medicine form
If form not available write a formal request in client medical record.
4. Copy all medical records and keep copy with client during transport or fax records to Fetal Diagnostic Center (406) 237-5899 or to a fax number requested by Dr. Jackson or his staff.
5. SPEAK CLEARLY * ANSWER ALL QUESTIONS * BE CALM

Request for Services for Maternal-Fetal Medicine
Fetal Diagnostic Center
David N. Jackson, MD
2900 12th Avenue North
Suite 130 West
Billings, MT 59101
406-237-5888
Fax 406-237-5899

Referring Provider _____ Date of Request _____
Patient Name _____ Phone Number _____
Date of Birth _____ S.S.N. _____

Patients Home Address _____

Name of Insurance _____

Maternal History (Extremely Important Information)

LMP _____ EDC _____ G _____ P _____ Blood Type _____

Reason for the Referral _____

Services Requested (please check all that apply)

☐ Perinatologist Discretion
☐ Consultation Only
☐ Consultation with Ultrasound, if applicable
☐ 2nd opinion Consultation
☐ Ultrasound Only
☐ Ultrasound with consult, if applicable
☐ Non-stress testing
☐ Other procedure, please specify _____

☐ Biophysical Profile
☐ Genetic Counseling
☐ Amniocentesis
☐ Early Amniocentesis
☐ Total Assume Care

ICD-9 Code if applicable _____

Requesting Provider Signature: _____ Date _____

Please fax all applicable medical records and lab work with this completed form to Fetal Diagnostic Center.
Fax: 406-237-5899

Thank you very much for your referral!!

Amendments to House Bill No. 390
1st Reading Copy

Requested by Representative Michele Reinhart

For the House Business and Labor Committee

Prepared by Sue O'Connell
February 11, 2009 (8:20am)

1. Title, page 1, line 5.

Strike: "SECTION"

Insert: "SECTIONS"

Following: "50-5-101"

Insert: "AND 50-5-103"

2. Page 2.

Following: line 29

Insert: "(13) "Commission for the accreditation of birth centers" means the organization nationally recognized by that name that surveys outpatient birth centers upon their requests and grants accreditation status to outpatient birth centers that it finds meet its standards and requirements."

Renumber: subsequent subsections

3. Page 8, line 6.

Strike: "(56)"

Insert: "(57)"

4. Page 3, line 28.

Following: "mental health centers,"

Insert: "outpatient birth centers,"

5. Page 8.

Following: line 24

Insert: "(3) (a) A patient admitted to an outpatient birth center for labor and delivery must be discharged within 24 hours of the birth in accordance with standards as defined by rule.

(b) An outpatient birth center shall consult with or transfer care to a health care facility in the event of complications to the mother or newborn. If care is transferred to another health care facility, the outpatient birth center shall:

(i) before the transfer, provide notice to the health care facility, including the reason for transfer; and

(ii) during the transfer, provide the medical records related to the patient's condition."

Renumber: subsequent subsections

6. Page 8, line 28.

Following: ";"

Strike: "and"

7. Page 8, line 30.

Strike: "health care provider's scope of practice"

Insert: "patient's condition in the event of complications to the mother or newborn; and

(e) identification of accreditation by the commission for the accreditation of birth centers, if applicable, for purposes of meeting the licensing rules and standards as provided in 50-5-103"

8. Page 9.

Following: line 8

Insert: "Section 3. Section 50-5-103, MCA, is amended to read:

"50-5-103. Rules and standards -- accreditation. (1) The department shall adopt rules and minimum standards for implementation of parts 1 and 2.

(2) Any facility covered by this chapter shall comply with the state and federal requirements relating to construction, equipment, and fire and life safety.

(3) The department shall extend a reasonable time for compliance with rules for parts 1 and 2 upon adoption.

(4) Any hospital located in this state that furnishes written evidence required by the department, including the recommendation for future compliance statements to the department of its accreditation granted by the joint commission on accreditation of health care organizations, is eligible for licensure in the state for the accreditation period and may not be subjected to an inspection by the department for purposes of the licensing process. The department may, in addition to its inspection authority in 50-5-116, inspect any licensed health care facility to answer specific complaints made in writing by any person against the facility when the complaints pertain to licensing requirements. Inspection by the department upon a specific complaint made in writing pertaining to licensing requirements is limited to the specific area or condition of the health care facility to which the complaint pertains.

(5) The department may consider as eligible for licensure during the accreditation period any health care facility located in this state, other than a hospital, that furnishes written evidence, including the recommendation for future compliance statements, of its accreditation by the joint commission on accreditation of healthcare organizations. The department may inspect a health care facility considered eligible for licensure under this section to ensure compliance with state licensure standards.

(6) The department may consider as eligible for licensure during the accreditation period any rehabilitation facility that

furnishes written evidence, including the recommendation for future compliance statements, of accreditation of its programs by the commission on accreditation of rehabilitation facilities. The department may inspect a rehabilitation facility considered eligible for licensure under this section to ensure compliance with state licensure standards.

(7) The department may consider as eligible for licensure during the accreditation period any outpatient center for surgical services that furnishes written evidence, including the recommendation for future compliance statements, of accreditation of its programs by the accreditation association for ambulatory health care. The department may inspect an outpatient center for surgical services considered eligible for licensure under this section to ensure compliance with state licensure standards.

(8) The department may consider as eligible for licensure during the accreditation period any outpatient birth center that furnishes written evidence, including the recommendation for future compliance statements, of accreditation of its programs by the commission for the accreditation of birth centers. The department may inspect an outpatient birth center considered eligible for licensure under this section to ensure compliance with state licensure standards.

~~(8)~~(9) The department may consider as eligible for licensure during the accreditation period any behavioral treatment program, chemical dependency treatment program, residential treatment facility, or mental health center that furnishes written evidence, including the recommendation for future compliance statements, of accreditation of its programs by the council on accreditation. The department may inspect a behavioral treatment program, chemical dependency treatment program, residential treatment facility, or mental health center considered eligible for licensure under this section to ensure compliance with state licensure standards."

{Internal References to 50-5-103:

50-5-104x 50-5-207x 50-5-207x }"

Renumber: subsequent section

- END -